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Pioneer Telephone Co. FCC Mail Room
Local and Long Distance Service

~~~~~ **Serving LaCrosse, Endicott, Winona, Hooper, Dusty and Hay** ~~~~~



Office of Secretary  
WC Docket No. 11-42  
Federal Communications Commission  
445-12<sup>th</sup> Street, SW  
Washington, DC 20554

Telephone 509/549-3511  
P.O. Box 207  
LaCrosse, Washington 99143-0207

Ms. Karen Majcher  
Vice President-High Cost and Low Income Division  
Form 555  
Universal Service Administrative Company  
2000 L Street, NW, Suite 200  
Washington, DC 20036

**RE: WC Docket No. 11-42**  
***2013 Lifeline ETCs' annual filings to the Federal Communications Commission pursuant to 47 C.F.R. § 54.416 (b)."***

Attached please find a signed copy of Pioneer Telephone Company, SAC 522437, "(Company)" Form 555 ETC Certification Filing, **(WC Docket No. 11-42)**, to the Federal Communications Commission ("FCC"), as required annually by section 54.416 of the FCC's rules by 47 CFR 54.416 .

By:   
Durand Cox  
President of the Board of Directors

Cc: Mr. David Danner  
Executive Director and Secretary  
Docket no UT-133002  
Washington Utilities and Transportation Commission  
1300 South Evergreen Park Drive SW  
Olympia, WA 98504-7250

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Approved by OMB  
3060-0819

FCC Form 555  
November 2012

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**Annual Lifeline Eligible Telecommunications Carrier Certification Form**

All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

**Deadline: January 31<sup>st</sup> (Annually)**

WA

State

*(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each state in which it provides Lifeline service).*

522437

PIONEER TELEPHONE COMPANY

Study Area Code(s) (SAC)

ETC Name(s)

Pioneer Telephone Holding Company

Pioneer Telephone Company

Holding Company Name(s)

DBA, Marketing or Other Branding Name(s)

Affiliated ETCs (include names and SACs,  
attach additional sheets if necessary)

**Section 1: All ETCs** (Initial the certification that applies to your ETC. Depending on the state, both certifications may apply).

I certify that the company listed above has certification procedures in place to review income and program-based eligibility documentation prior to enrolling a customer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** \_\_\_\_\_

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

AND/OR

I certify that the company listed above confirms consumer eligibility by relying on Washington State Lifeline DataBase, notice of eligibility from the state L prior to enrolling a customer in the Lifeline program. (Please list the program eligibility data sources, such as ETC access to a state database and/or notice of eligibility from the state Lifeline administrator and indicate for which qualifying programs (e.g., SNAP, SSI) these sources are used to verify consumer eligibility). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** DAC

522437

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

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**Section 2:** *All ETCs*(Initial the certification that applies to your ETC, and if applicable, complete columns A through L the tables below. Attach additional sheets if necessary).

I certify that the company listed above has procedures in place to re-certify the continued eligibility of all of its Lifeline customers, and that, to the best of my knowledge, the company obtained signed certifications from all consumers attesting to their continuing eligibility for Lifeline, except those subscribers whose eligibility was verified by the company through the use of other sources of eligibility information as well as those subscribers who were re-certified by the state Lifeline administrator. Results are provided in the chart below. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above.

**Initial** DAC

| A                                                    | B                                                                             |
|------------------------------------------------------|-------------------------------------------------------------------------------|
| Number of Subscribers Claimed on May FCC Form(s) 497 | Number of Lines Claimed on May FCC Form(s) 497 Provided to Wireline Resellers |
| 0                                                    | 0                                                                             |

| C                                                                                         | D                                               | E = C-D                              | F                                                                 | G = (E+F)                                                                                                     | H                                                                      |
|-------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------|-------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Number of Subscribers ETC Contacted Directly to Recertify Eligibility Through Attestation | Number of Subscribers Responding to ETC Contact | Number of Non-Responding Subscribers | Number of Subscribers Responding That They Are No Longer Eligible | Number of Subscribers De-Enrolled or Scheduled to be De-Enrolled as a Result of Non-Response or Ineligibility | Number of Subscribers Who De-Enrolled Prior to Recertification Attempt |
| 0                                                                                         | 0                                               | 0                                    | 0                                                                 | 0                                                                                                             | 0                                                                      |

| I                                                                                                                | J                                                                                                                                           | K                                                                                                        | L                                                                      |
|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Number of Subscribers Whose Eligibility was Reviewed By State Administrator or By ETC Access to Eligibility Data | Number of Subscribers Whose Eligibility Was Examined by State Administrator or By ETC Access to Eligibility Data and Found to be Ineligible | Number of Customers De-enrolled or Scheduled to be De-Enrolled as a Result of a Finding of Ineligibility | Number of Subscribers Who De-Enrolled Prior to Recertification Attempt |
| 34                                                                                                               | 0                                                                                                                                           | 1                                                                                                        | 0                                                                      |

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OR

I certify that my company did not claim federal Low Income support for any Lifeline customers prior to June \_\_\_\_ (insert current year). I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** \_\_\_\_\_

(List the specific SAC(s) for which you are making this certification if it is not applicable to all of your study areas within the state. Attach additional sheets if necessary).

**Section 3: All ETCs** (Initial the certification below).

I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area(s) listed above. **Initial** DAC

**Section 4: Non-Usage Applicable to Certain Pre-Paid ETCs** (the ETC does not assess or collect a monthly fee from its Lifeline subscribers)(Record the number of subscribers de-enrolled for non-usage by month in column N below).

| M         | N                                     |
|-----------|---------------------------------------|
| Month     | Subscribers De-Enrolled for Non-Usage |
| January   | 0                                     |
| February  | 0                                     |
| March     | 0                                     |
| April     | 0                                     |
| May       | 0                                     |
| June      | 0                                     |
| July      | 0                                     |
| August    | 0                                     |
| September | 0                                     |
| October   | 0                                     |
| November  | 0                                     |
| December  | 0                                     |

Signed,

Durand Cox  
Signature of Officer

PRESIDENT OF THE BOARD OF DIRECTORS

Title of Officer

Ellen Bachman

Person Completing this Certification Form

Durand Cox  
Printed Name of Officer

Jan-23-13

Date

509-549-3511

Contact Phone Number